

# APPLICATION FOR REGISTRATION Form #1

Missouri Department of Health and Senior Services  
Onsite Sewage Program  
Attention: Fee Receipts  
P.O. Box 570  
Jefferson City, MO 65102-0570  
Phone 573-751-6095 Fax 573-526-7377

FOR DHSS USE ONLY

Fee Receipts  
Transmittal Number:

Date Paid:

Check # and Amount:

Please Print

Non-refundable Application Processing Fee: \$90.00

**Application for Registration as (check one):**

**FOR DHSS USE ONLY**

☐ **OWTS Installer**

Installer Test Score(s):

Basic

Advanced

☐ **Percolation Tester**

Percolation Tester Test Score:

☐ **Onsite Soil Evaluator** Check type of qualification

☐ Professional Engineer—as defined in section 327.011 RSMo  
Include copy of current professional license

☐ Registered Geologist—as defined in section 256.453 RSMo  
Include copy of current professional registration

☐ Soil Scientist—as defined in 19 CSR 20-3.080  
Include resume

Soils Science  
College Credit Hours:

Soils  
Morphology

Soils Science

Soil Evaluator  
Test Scores:

Written

Field

**Soil Evaluator applicants, have official college transcript(s) sent to:**

DHSS  
Onsite Sewage Program  
PO Box 570  
Jefferson City, MO 65102

Course/Registration  
Date:

☐ Approved

OWTS Professional  
ID Number:

Name – First MI Last

Social Security Number

- -

Mailing Address

Contact Telephone Number

City

State

Zip Code

FAX Number

E-mail Address

Home County (Missouri)

**NOTE: The following information will appear with your name on OWTS Registered Professionals Lists**

Business Name

Business Phone Number

Business Address (if different)

City

State

Zip Code

List up to four other counties in which you are available to work. (While you may be available to work in more counties, list four) \*

1.

2.

3.

4.

Check one of the following boxes if you prefer NOT to have your name on OWTS Registered Professionals Lists.

☐ Do not include my name on the INTERNET Lists of OWTS Registered Professionals. (Include it on other published lists.)

☐ Do not include my name on ANY published Registered Professionals Lists. (You will not receive third party CEU Course information.)

Signature

Date

/ /

\*NOTE – There may be additional requirements in order to work in some counties. Check with the county administrative authority.